FUNERAL death.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural e. IS RESIDENCE ON A FARM? YES NO 20 19 62 AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? SA Aikin Jr. Perryville. Md. ONSET AND DEATH several yr unknown WAS AUTOPSY PERFORMED? NO R (State) 20,2 from the causes and on the date stated above. 23d. LOCATION (City, town or county) (Stata) Perryville, Md, Rural 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lewis C. Ewick

5/17/62

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4-18-62 5/20/62

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S. Maloh Andrews, Jr., M.D.

Sprick S-92-44 25. Morro Comptagy Perryville, Ma. Airel

so some by offiverses to be represented by

5/21/62

VR A15 (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

05698 CERTIFICATE OF DEATH 05693 05693

MARYLAND			
c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporata limits, writ	ta RURAL and give nearest town)
36 years	Baltim	ore	3 v 0 1 4
pital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
	3018 E. P	reston St	YES NO
Middla	ARCHER	OF May	16 Day Year 19 62
D NEVER MARRIED 8.	6-11-97	9. AGE (In years last birthday) 64 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.
IND OF BUSINESS OR INDUSTRY  Construction			12. CITIZEN OF WHAT COUNTRY?
THE STATE OF STATE	IInk	nown	
SOCIAL SECURITY NO.   17. IT		Addres	35
None V	A Hospital	Records. Peri	ry Point. Md.
grene to Colon Culation	due to dis	sturbance to	18 SE 24 PESTY S
vulus of Sigmo	oid Colon		n
TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM!	NAL DISEASE CONDITION GI	PERFORMED?
CRISE HOW INJURY OCCURED.	(Entar netura of injury in	Part I or Part II of itam 18.)	YES NO L
e Not While facto	ory, street, office bldg., etc	.)	(County) (Stata)
			19 62 marxitic sendent
			22b. DATE
ney M.	D. PHYS.	MED. STAFF PHYS.	May 17, 1962 SIGNED
MD	22d. ADDRESS		
M.D. √		tal, Perry	Point, Md.
M.D. Vgist 23c. NAME OF CEMETERY Contional Cem	VA Hospi	tal, Perry  23d. LOCATION (City, to Baltimore,	own or county) (Stata)
	SOCIAL SECURITY NO. 17. II  None  Vulus of Sigmo  VIRIBUTING TO DEATH BUT NO  INJURY OCCURED.  INJURY OCCURED.  INJURY OCCURED.  Not While at work and that	MARYLAND  c. LENGTH OF STAY IN 1b  36 years  Pitol, give street eddress)  Middla  ARCHER  D NEVER MARRIED 8. DATE OF BIRTH 6-11-97  IND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Cour Baltimore  Construction Baltimore  14. MOTHER'S MAIDEN  Unk  SOCIAL SECURITY NO. 17. INFORMANT  None VA Hospital  ina for (a), (b), and (c), 1  crease of Colon due to discussion of the security of the	c. LENGTH OF STAY IN 16  36 years  Pital, give street eddress)  D NEVER MARRIED ROLL  D DIVORCED DIVOR

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JOLE D. Preston dt

6-11-37

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Asst. Sethelognet VA Sounitel, Perry Foint, 16.

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IS RESIDENCE

ON A FARM?

YES NO TO

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

unknown

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PERFORMED? NO F

(State)

22b. DATE

(Stete)

SIGNED

1962

IE LINDER 24 HRS.

Day

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(County)

Orthur S. Thous

VR A15 (4) 1SM 7/61

Cocil

D. C.

Retry Point | Fo. 5 days | | | | | | | - Instanch noisersaininh americal 10-1-79 a in by tal in limes for the Relieved Co. (deceased) value (deceased) enoof . I mot d.L.V. 578-56-5954 Hospital Records, Val. Let . Foint. No.

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A. i. Stoffer Last China on Fathologist, VAN, Porry Poten, Id.

Signature Langton Meldons Landles Williams

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05695

69,00			CERTI	FICA	TE OF DEA	TH		Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY	ci1		MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceosed y land	d lived. If instituti b. COUNTY	an: Residenc		e admis	sian)
b. CITY OR TOWN RURAL and give North		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carpo lorth Ea		URAL and g	ive near	est taw	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, i	give street	address)		d. STREET ADDRESS	S			е	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		nt LRY	Middle B.		BOYER	4. DATE OF DEATH	Mor May	oth	Day		Yeor 19 62
5. SEX Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRII		12-15-1	.877	9. AGE (In years lost birthdoy) 84 yrs.	Manths Manths	1 YEAR Doys	Hours	
during mast of wa	ION (Give kind of work rking life, even if retired Sewife	dane 10b.	KIND OF BUSINESS O	R INDUST	Mary	1and	ountry)		ZENOF		COUNTRY
13. FATHER'S NAME Th	omas Clark				14. MOTHER'S MAIDE  Hannah					<u>L</u>	ы
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO	. INI	ORMANT  Mrs Alice	Weaver	North		Md		
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (				e Heart	Disease				TANE	ETWEEN D DEATH
Conditions, if		b) (	Pencolizan						2	oy.	rJ,
gove rise to cause (o), stating lying couse lost	the under-	c)		·							
CATIC	THER SIGNIFICANT CON	NDITIONS (	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	VEN IN PART	T 1(a) 19		ORMED?
OR CONTRIBUTION	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	in Part I or Par	t II of item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	10	20d. I While at wor	NJURY OCCURRED  Nat while t of work		E OF INJURY (Home, fory, street, office bldg.,		y or town)	(C	County)		(State
21. I certify to alive on	Hay Hay	, 19_	/ 7	death o	ccurred at 65		, , ,,	nd on the		state	

H. Huebuer A.D

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 5-12-1962 Methodist

22d. LOCATION (City, town, or caunty)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

AOS ODD R. Grant

**ADDRESS** North East, Maryland

24a. REC'D BY REGISTRAR DATE MAY 1 1 '62

North East Cecil Co.

BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thank

VS A1S (4) 1SM 9/SB

this certificate has been signed ar use as the burial-transit permi

may be retained by the haspi TO FUNERAL DIRECTOR: After page 3 shauld be detached for the registrar prior to burial, or

1000 in the state of th The state of the s Page 4

### 05701

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

AFCAG

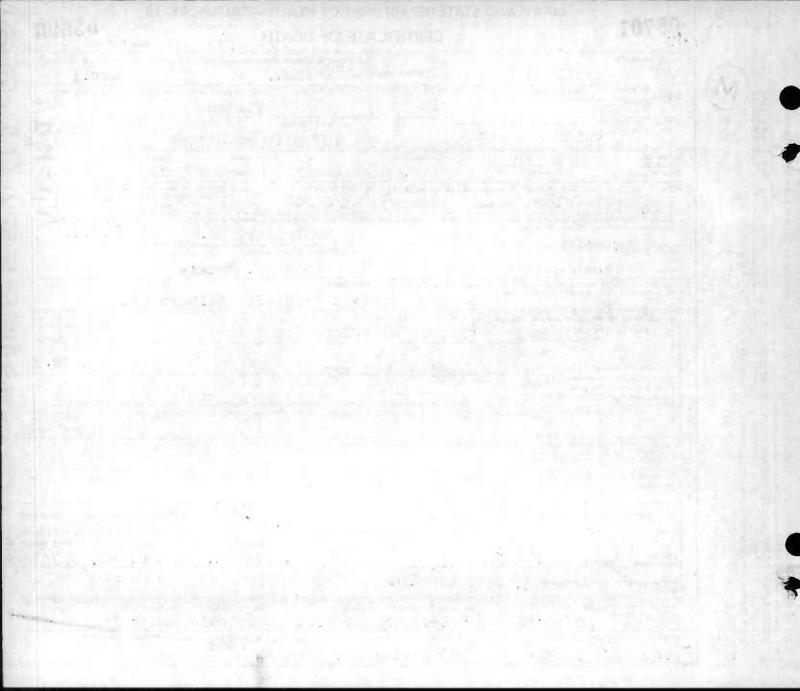
		1.7	J	1	J	Į
200	Dict	No				•

1. PLACE OF DEATH o. COUNTY Cecil		MARYLANI	O ST		here deceased liv	ed. If institution b. COUNTY	-	before odm	ission)
b. CITY OR TOWN (If outside corporate I RURAL and give neorest town)	mits, write	c. LENGTH OF STAY IN 11	2 l	Y OR TOWN (If	outside corporote Elkton		URAL ond giv	re nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Union Ho			11-1	REET ADDRESS 07 Mill	burn St	reet		ON	A FARM?
(Type or print)	rence	Middle E .		rady	4. DATE OF DEATH	May	nth	Day	Year 19 62
Fe Color	WIDOWE		3/	20/02		AGE (In yeors last birthday) yrs.		ays Hour	Min.
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired to the state of the state	k done 10b.	Home			dge, Md			S.A.	COUNTRY?
Noah Mat	0 0 11			Sarah	N. Enn	als	L 1		6.1
1S. WAS DECEASED EVER IN U. S. ARMED F (Yes, no, or unknown) (If yes, give war or dates	of service)		informan lelvin		-107 Mi	Add. 1burn			
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED 8' IMMEDIATE CAUSE 42 01/ DUE Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CO	(a) TO (b) TO (c)	Myocardial Cardiac F	<sup>l</sup> ailur	e	MINAL DISEASE CO	ONDITION GIV	VEN IN PART I	(a) 19. WAS	D DEATH days
PART II. OTHER SIGNIFICANT CO	Year 20d. IN	Not while	PLACE OF IN	oture of injury in UURY (Home, for t, office bldg., et	m, 20f. (City or		(Co	yes L	NO (State)
21. I certify that lattended the alive an Signature Physician's NAME (Type)	John	od from $5/4$ , and that decomposition $M_{\bullet}D_{\bullet}$	ith accurre		5/9/ AM, from the ADDRESS (Street HighSt)	, city or town,	nd an the (	date state	deceased ed abave. ATE SIGNED 5/11,
220. BURIAL, CREMATION, 22b. DATE THEF BURIAL (Specify) 5/13/6		20c. NAME OF CEMETERY Bohemia M			22d. LOCATION Bohen	N (City, town,	,,		ote)
23. FUNDERAL DIRECTOR'S SIGNATURE	e_	ADDRESS 909 Popla		24a. REC	D BY REGISTRAL	7	STRAR'S SIGN		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with IDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 3 shauld be detoched far use as the burial-transit permit. Then please remaye carbon papers. the registrar priar ta burial, cremation, ar remayal, and in any event within 72 Maurs after death.

TO HOSPIT VS A1S (4) 15M 9/58



VR A1S (4) 15M 7/61

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carbon papers, rages I	affe	1
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05697 05702

1. PLACE OF DEAT			STATE		F COUNTY	sidanca before admission)
	Cecil	MARYLAND	Ma	ryland	Wic	omico
	(if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata l	imits, write RURAL and	giva naarast town)
Perry Po	int, Md.	4 mo. 9 days	Sa	alisbury		2212-2
		ot In hospital, give street address)	d, STREET ADDRES	S		a. IS RESIDENCE ON A FARM?
	Administrati			3 Lilac D		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yaar
(Type or print)	MILT		CLARK	DEATH	May	7 19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	DATE OF BIRTH	9. AGE	(In years   IF UNDER 1 Y	
Male	T 27	IDOWED DIVORCED	1-20-07	55	birthday) Months Da	nys Hours Min.
10a. USUAL OCCUPA	TION (Giva kind of work	106. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Co	unty & State, or foreig	n country)   12. CITIZ	EN OF WHAT COUNTRY?
	rietor	Grocery	Marylan	nd.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Theodore T.	Clark	Mary Ta			
	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	INTERNANT Lee	Clark (Sc	maddras Addres	s-As Above
Yes	(If yas give war or datas of servi		ospital Rec			
		usa per lina for (a), (b), and (c).)	opproar nec	orus, van	, refry ro	I INTERVAL BETWEEN
		usa per lina for (a), (b), and (c).)				ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Laennec's Cirrh	osis			
581.1	DUE TO					
Conditions, if an	y, which ) (b)					
gava rise to immed	DITE TO					
(a), stating tha	underlying					
cause lest.	) (c)					
Z PART II. OTHI	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
E						YES NO
E SO- ACCIDENT V	VAS UNDERLYING []   20	Db. DESCRIBE HOW INJURY OCCURED	/Fatas nature of injury i	in Part I or Part II of ite	m 18 )	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURE	, (Entai hardre of infully i	in rain for rain if or ne	10.7	
ZOC. TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, fa	arm, 1 20f. (City or to	wn) (Count	ly) (Stata)
20c. TIME OF INJ Hour a.m.	OKI MOMM, Day, Teal		tory, straat, offica bldg., a		, , , , , , , , , , , , , , , , , , , ,	(
p.m.	VA 19	et work at work				
Ol B amphific	that MIV MINEYER AND	attended the deceased from.	December 2	21067 to M	OT 7 106	2 when the trust had
22e. SIGNATURE	-//	XXXXXXXXXXXXXX and that	12	:15pm		22b. DATE
226. SIGIANI DAL	10000		ATTENDING	MED ST	AFF	SIGNED
	> 1/1040X1	٨	A.D. PHYS.	DIRECTOR PH	YS.	5-7-62
22c. PHYSICIAN'S	,	ABEN, Chief, Med	ical Service	e. VAH.Pe	rry Point.	Md
22 BURIAL CREMA	TION, 235. DATE THERE				(City, town or county)	
REMOVAL (Specify	5 - 70 6				bury, Md.	(212.2)
Durial	5-10-6				1	
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			25b. REGISTRAR'S SI	
HOLLOWAY	& COMPANY	SALISBURY, MAI	RYLAND DATE	AY 1 U '62	Children S. To	ralla

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on hearing.	bits	14001			
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wale <sup>to the</sup>	R-	(11)	COLEYKESSEXX HE HE A APEH, ONLEY, Wel		
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MARYLAND STATE DEFINITION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05703 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY Cecil MARVIAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point. Md. 7yrs.7mo.7davs Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital papers. 100 Street. completely 3 NAME OF DATE Month Day Year DECEASED OF (Type or print) DEATH 19 WILLIE CORNWELL May 22 carbon nt, withiu 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH and last birthdey) event, Male White 5-24-89 WIDOWED DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) USA Farmer Farming Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Cornwell (deceased) Mary Page deceased) Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO removal, (Yes, no, or unkown) | (If yes give war or detes of service) Hospital Records, VAH, Perry Point, Md. Yes signed by the WW-T None permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY Infarctions of lungs due to emboli 3-4 days IMMEDIATE CAUSE (e) burial-transit DUE TO certificate has been Thrombophlebitis, lower extremeties Conditions, if eny, which unknown geve rise to immediate cause DUE TO burial, (e), stating the underlying the cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) CERTIFICATION 5 0 PERFORMED? for use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Yeer fectory, street, office bldg., etc.) Not While Hour em VA at work et work n.m 21. I certify that MXMXMXXXXXX attended the deceased from October 15., 19.54 to May 22 ......., 19.62 the to the control of th .M, from the causes and on the dete stated above. D. m. 22e SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 5-23-62 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clinical Pathologist, VAH, Perry Point, Md. Asst. ector, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. O.p. REMOVAL (Specify) Arlington National Arlington. Va. MOVAG 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) MAY 3 1 15M 7/61 de Grace. Md. Havre

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

62

NO

(Stete)

DATE

(State)

SIGNED

funeral by the fand 2 sidesth. ely filled in b rrs. Pages 1 a hours after c attending the hospital or attending physician. þ unay be retained by DIRECTOR: After 3 should be detach FUNERAL

certificate

The law requires that the

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22	L Hay	arvinos	.4	BILLIN	
	72	(8-1/5-7)		or idv	o fart in
LEUS	bra	Lyania	Persons		PALIFE
	Page (deceases)	west (on	nasoak) II:	John G. Osyava	
Point, Mr.	ecords, Vin. Ferry	n Loffen	9891		ser
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tickers and se	15 54 15, 22 4:10 c.s.	- 40000		THE CARES AND	CHERTERIA
5-23-62			- Luke	edolik 1 D	
Foliat, union	logiot, New, Persy	edial facto	210 .000A	MINOUN .I .A	
sv.	(O) (O) (E) (E)	to tall note	ni ir	101/201	TOUR VIEW DE

Spoosaletys and for save de Green, let.

TO HC. TAL ATTENDING PHYSICIAN: The law requires that the death certificate be executively within 2 cours after death. Mage 4 may be retained by the hospital or attending physician.

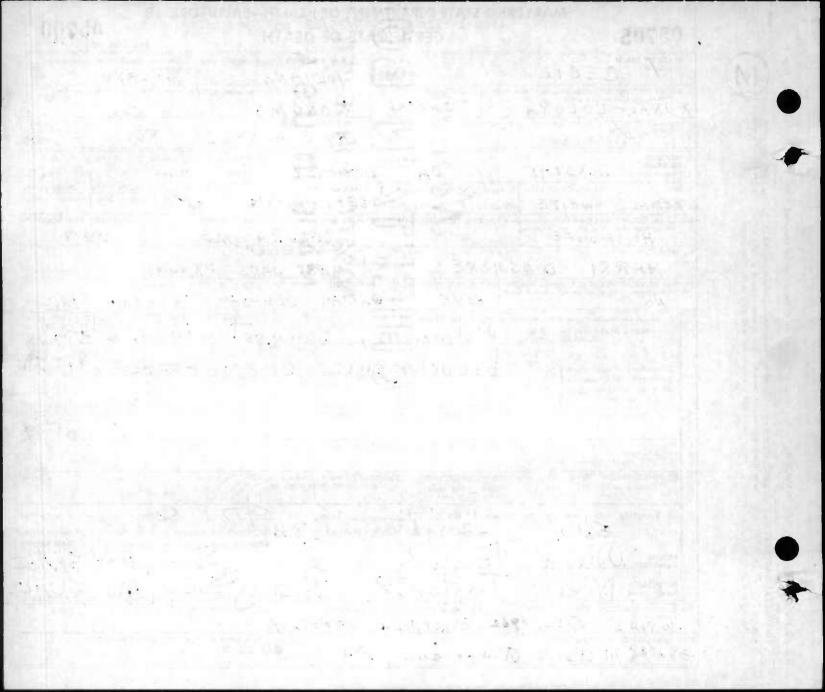
Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

05704 CERTIFICATE OF DEATH 0569 05699

1. PLACE OF DEATH  • COUNTY	a. STATE Maryland b. COUNTY Cecil
Cee11 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town)
write RURAL and give nearest town)	
Port Deposit Life	Port Deposit  i d. STREET ADDRESS  1 e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
149 North Main St.	149 North Main St. YES NO E
3. NAME OF First Middle DECEASED (Type or print) INT-1 1 ions Dolond Cross	SWell 4. DATE Month Day Yeer OF DEATH MAY 5 19 62
	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. MARKIED THEYER MARKIED	Sept.2,1899 62 yrs. Months Deys Hours Min.
	RY   11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Packer U.S. Ordn.Dept	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Creswell	Georgia Anna Morrison
	INFORMANT Address
(Yes, no, or unkown) (Ifyasgive war or detes of service)	Elizabeth F. Creswell Port Deposit Md
	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) CORONA	BY I MADNISOSIS BOMIN.
345 X DUE TO ALCONO	
	Ectoris Syns.
gave rise to immediate cause (a), stating the underlying DUE TO	Ed SchEROS'S LOY-S.
ceuse lest. (c) SENENALE	ES OCIEKOSIS /0/25
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	), (Enter nature of injury in Pert I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m.	tory, street, office bldg., etc.)
	Pare 1 10 10 10 10 10 10 10 10 10 10 10 10 1
- 11	765 19 19 10 5 5 5 19 19 1 1 1 1 (we) last
	death occured at
220. SIGNATURE leasand has	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
G.H.Richards, Jr.	Port Deposit, md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY HOPEWELL U	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	
	ND
05706 CERTIFICATE OF DEATH 05	701

	. PLACE OF DEATH	eil .	MARYLAND	e. STATE Mary	NCE (Where decease	b. COUNTY	Harfer	e before admission
1	b. CITY OR TOWN (if write RURAL and Perry Pe	outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16		N (If outside corporate	limits, write RUR	AL end give no	eerest town)
	d. NAME OF HOSPITA	Ltal	hospital, give street eddress)	d. STREET ADDRES				IS RESIDENCE     ON A FARM?     YES    NO
	3. NAME OF DECEASED (Type or print)	First Edward	Middle <b>P</b> ◆	Dwaayer	4. DATE OF DEATH	May	12	Year 19 <b>62</b>
	5. SEX Male	White WIDO		12-8-94		birthday) Mol	Dhs Doff	IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION of work	ring life, even if retired)	U.S. Govt.,		a, Marylar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U.S.	WHAT COUNTRY?
	John C.			Sarah Tu	rner			
	15. WAS DECEASED EVE (Yes, no, or unkown) (If	res give wer or detes of service)		NFORMANT VA Hospita:	l Records	- Perr	y Point	t, Md.
	527.1 Conditions, if eny, geve rise to immedia (a), stelling the un cause lest.	which to cause derlying DUE TO (c)	onchopneumonia, l  lmonary emphyser  contributing to death but in	na .			N PART 1(a)   19	
2	PART II. OTHER  OSTEO-A1  200 ACCIDENTING OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or Pert II of it	em 18.)	Y	ES NO
	2Dc. TIME OF INJUS Hour e.m.	W		ACE OF INJURY (Home, tory, street, office bldg.,		own)	(County)	(Stete)
	21. I certify th	at 🔻) (this hospital) att	M.D.	April 18 t death occured at  ATTENDING PHYS.  22d, ADDRESS	38.M, from the	TAFF	on the da	te stated above.  22b. DATE SIGNED
	REMOVAL (Specify) Removal 24 FUNERAL DIRECTOR		23c. NAME OF CEMETERY 2 Memorial ADDRESS L HOME-Abingdo	Gardens 25a.	Bel A REC'D BY REGISTRAR 5 43 62 6	ir, Maj	ryland	(State)

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Jules Vires

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e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

4 days

2 months

PERFORMED?

(State)

(State)

Day

Days

(County)

ON A FARM?

YES NO IX

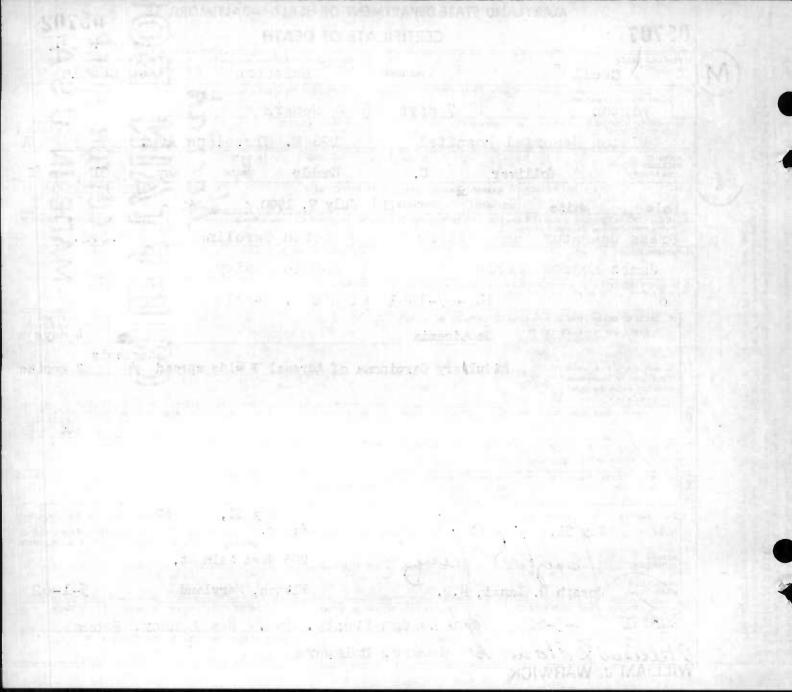
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15M 9/58



		I OF STATISTICAL		CH AND REC	ORDS,		ON STR	ALTH EET, BALTIM	ORE 1, MA	RYLAND
	05708			CERTIFIC	ATE	OF DEAT	H			05703
1.	PLACE OF DEAT	Cecil		MARYLA		a STATE . /	ICE (Where	deceased lived, If b. COUN		ence before edmission)
	b. CITY OR TOWN write RURAL ar Perry I	(if outside corporate limits, od give nearest town) oint, Md.	C	LENGTH OF STAY I		c. CITY OR TOWN			RURAL and giv	re nearest town)
1		Administrat				d. STREET ADDRESS		Street, 1	N.E.	ON A FARM?
_	NAME OF DECEASED (Type or print)	First DAV		Middle R.	Į.	Last GORMAN	4. DAT	E Month		y Yeer
5.	SEX Male	6. COLOR OR RACE 7	MARRIED [	Sep.	8.	3-12-16		9. AGE (In years last birthday) 46 yrs.	Months Dey	
de	one during most of w Attend	TION (Give kind of work vorking lifa, even if retired) lant		of Business or in spital		11. BIRTHPLACE (Cou	d	or foreign country)	USA	OF WHAT COUNTRY
13	. FATHER'S NAME	Cecil Gor	man			Ella Will:				
	Yes	VER IN U.S. ARMED FORCE (If yes give we ror detes of ser WW-II	vice) Un			ital Reco	rds,	VAH, Per		
		y, which be diete cause	erito conte denoc	nitis dif nts of vi arcinoma	scer of s	a igmoid wi				unknown
ATION	(e), steting the ceuse lest.	ER SIGNIFICANT CONDITION		istulous			INAL DISEAS	SE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	OR CONTRIBUTING	WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURED. (	inter natura of Injury in	Part I or Pa	t II of item 1B.)		
MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	TV A	20d. INJ While at work	URY OCCURRED   20 Not While   at work		OF INJURY (Home, far , street, office bldg., et		City or town)	(County)	(State)
	The state of the s	that XIX XIX XIX XIX XIX XIX XIX XIX XIX XI								
	22e. SIGNATURE	a.L. mo	one	4	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	K.	22b. DATE SIGNED 5-21-62
	22c. PHYSICIAN' NAME (Typ	ol A. L. MOON				Pathologi				
23	A PURIAL CREMA	TION, 236. DATE THERE	OF   2:	3c. NAME OF CEME	TERY OR	CREMATORY	23d. LC	CATION (City, to	wn or county)	(Stete)

Arlington National

DATE

ADDRESS

Havre de Grace, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Arlington, Virginia

morning & Kraud

death. Vage 4 m. retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

within 24

ITENDING PHYSICIAN: The law requires that the death certificate be execu

VR A15 (4) 15M 7/61

23a BURIAL CREMATION, | REMOVAL (Specify)

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S. A. Ellin

Cecil m Force Soint, 10. 20 duys Veheran Adadatetration Longitel - 6600 E. Street, | . T. CEVAGE CONTRACT Hale Jearo Sap. 3-12-15 ACU bneigned fatigeoff tanhaetta backers are Cooll Gorran 103 Hart Persy Potat, West Records, West, Persy Potat, Mr. For routing diffuse due to extravasted - 445 Aug account to manethon Tongs evolutell but

Section Services - April 30 68 May 20 Kexhirten ELITE STATE OF THE STATE OF THE

A. L. MCCHIT Ambredinted Retaclosist, Val. Perry Point, Ma.

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death. \*\*ge 4 m. retained by the hospital or attending physician.

TO HCC TAL OPTITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. \*\*ge 4 m. retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal—and in any event, within 72 hours after death.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05709 CERTIFICATE OF DEATH 05704

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	PLACE OF DEATH L. COUNTY	Casil				a. STATE		eceased lived, If b, COUN		sidence before	edmission
_		Cecil		MARYL			*			ecit	
1		outside corporate limi give nearest town)	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	porete limits, write	RURAL end	give neerest to	own)
		ton		2 week	S	X Chesape	eake C	itv.			
-			if not in hos	pital, give street eddress		I d. STREET ADDRES				] e, IS	RESIDENCE
		Hospital				Biddl	Le St.	July 1		01	NA FARM?
	NAME OF	First		Middle		Last	4. DATE	Month		Day Y	eer
	DECEASED (Type or print)	GEORGE		W.	GOR	MAN	OF DEATH	LICTA	10,		9 62
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH	9	AGE (In years last birthday)			ER 24 HRS
	Male	White	WIDOWE	D DIVORCED		pril 3, 1	1880	82 yrs.	Months D	ays Hours	Min.
lOa.	. USUAL OCCUPATH	ON (Give kind of work king life, even if retire	10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZ	EN OF WHAT	COUNTR
UOI	Storekee		(d)	Sales		Chester	atoum	Md.	T	S.A.	
13.	FATHER'S NAME	PO26 -		201100	1	4. MOTHER'S MAIDE		1.100			
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4.50		Gorman				ALC ALM AND	1 Aller				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
	no		21	18-32-238	, Ta	mes W. Go	orman S	Sr. Ch	esane	ake C	i t. v.
1		EATH [Enter only one	cause per l	ine for (e), (b), end (c).			0		- Culting	I INTERVAL E	ETWEEN
		WAS CAUSED BY:	1.	- chi		Men man a	Vell			ONSET AN	
	1121.1	MMEDIATE CAUSE (+)	cru	in roman	Le.	1 occu	Colos		4	age	us_
	401X	DUE TO	0.	0 %		(			T.	0	6
	Conditions, if eny,	(10)	le	noun d	leco	mperson	l		Y	19 40	Chin
	gave rise to immedia (e), stating the un	DI DI IE TO									
4	cause last.	(c)				4					
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	(e) 19. WAS	AUTOPSY
Ĕ										YES T	FORMED?
	20a. ACCIDENT WA	S LINDEDIVING	20h DES	CRIBE HOW INJURY OF	CCUPED	Enter neture of injury i	in Part I or Part	II of item 18.)		1 153	110 [3]
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 013	CRIBE HOW INJURY OF	ccoab.	Ellier herdre of injury i	in reit i or reit	0, 110111 10.7			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	er   20d.			OF INJURY (Home, fe		y or town)	(Coun	ly)	(Stete)
	Hour e.m.		While et wor		factor	y, street, office bldg., e	orc.)	21			
2	p.m.	19				Tha.	10 57	161	2 10/	2	/ > 1
				ded the deceased			- /			<del>2, th</del> at (I)	' '
	saw the decease	ed alive on (././.Lo	4.10	196 and	d that	death occured at	L.IM, from	n the causes	and on th	e date stat	ed abov
	22a. SIGNATURE	1/ -	1			ATTENDING	MED.	STAFF		2	2b. DATE SIGNE
	( X	toen 1	MI	) ario	M.D	ATTENDING PHYS.	DIRECTOR	PHYS.	. Ma	v 10.	196
	22c. PHYSICIAN'S NAME (Type)	4= N. B.	1/1	) Nuc H	10	224 ADDRESS	APFA	KE (O)	74	K.	
		121017	_ N.C. T	17010 11	U	- NC 31			/ /	10	
	BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THE	REOF	23c. NAME OF CEM	ETERY O	CREMATORY	23d, LOC	ATION (City, to	wn or county)		(Stete)
	Burial	May 1	3. 19	62. Bethe	el C	emeterv	Ches	saneake	City	Md.	
24	FUNERAL DIRECTOR	S SIGNATURE	^	ADDRESS		25a. R		TRAR 256. RE			
T	PPTN FIIN	ERAT. HOM	E . ()_	nell De	ET	kton, dans	41/ 4		. 0 1	,	
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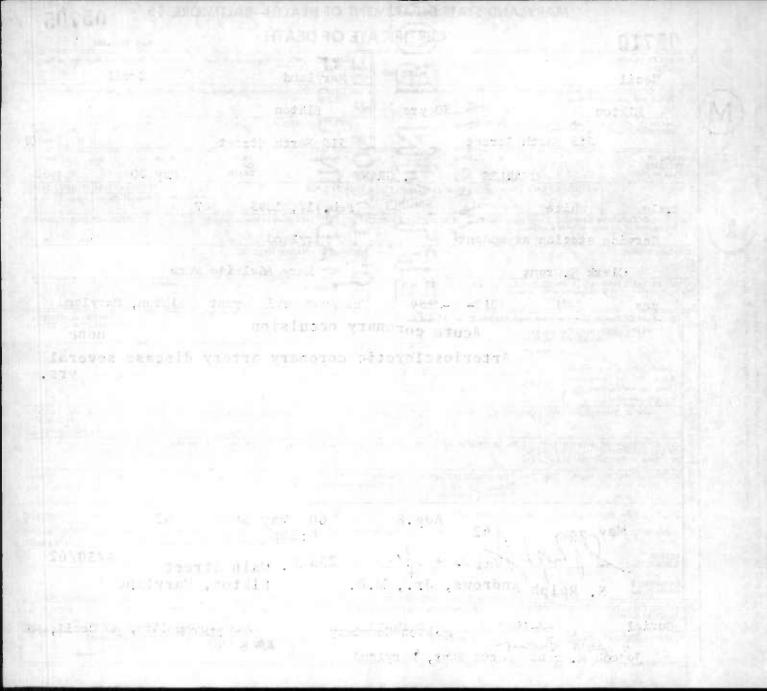
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CERTIFICATE OF DEATH

UDIAL			OLIC	IIIIOA	IL OI DEA	• • • • • • • • • • • • • • • • • • • •		Reg. Dist	i. No.	YELVO.
PLACE OF DEATH			MA	RYLAND	2. USUAL RESIDENCE ( o. STATE Maryland	Where decease	ed lived. If instituti b. COUNTY			mission)
b. CITY OR TOWN (If		its, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (	If outside corpo	orote limits, write R			awn)
E1kto	The state of the s		50 VI	s	2   Elkto	n				
	AL (If not in haspitol, (				d. STREET ADDRESS				10	RESIDENCE
	515 North			1	515 Nort		<u>T</u>		163	
NAME OF DECEASED (Type or print)	CH	ST LARLES	Midd	dle A. GRAJ	Last NT	4. DATE OF DEATH	Moi Ma:		Day	Year 1962
SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MAR	RIED 8	DATE OF BIRTH		9. AGE (In years		YEAR IF U	
male	white	WIDOW	ED DIVOR	CED	Feb. 17,		last birthday) 67 yrs.		Days Hou	
during most of wark	ing life, even if retired	)		OR INDUST	RY 11. BIRTHPLACE (Sto		cauntry)	12. CITIZ	USA	AT COUNTR
. FATHER'S NAME	station a	LUEIR	Tarir		14. MOTHER'S MAIDE				0041	-
							2 d = 1,0 = 1.0			
	rk S.Grant			10 777		Adelas	ide Work			
(es, no, or unknown)	R IN U.S. ARMED FOR If yes, give war or dates of:		SOCIAL SECURITY N	10. IN	FORMANT		Add	iress		
ves	WW1	2:	12-01-2159	)	Mrs Anna Da	vis Gra	ant Elk	ton, M	lary 1a	nd
	TH Enter only one co	use per li	ne for (a), (b), and (						INTERVAL	L SETWEEN
	TH WAS CAUSED BY:		Acute c	orona	ry occuls	ion			none	ND DEATH
1100	IMMEDIATE CAUSE (		710000						110110	
400,	DUE TO	Art	terioscl	eroti	c coronar	v art	erv dis	ease	sever	cal
Conditions, if or						,	/		,	2.00.5
gave rise to in couse (o), stating t	nmediate (								,	13.
lying couse last.	ne onder-	-1								
PART II. OTH			CONTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOP
									PE	RFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury	in Part I or Po	rt II af item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	1	NJURY OCCURRED		CE OF INJURY (Home, f		y or town)	(C	ounty)	(Sta
Hour a.m.	19	While of war	k ot work	race	ary, street, office bldg.,	etc.)				
p. m.		or war	<u>к П от жотк П</u>	1						
21. I certify th	at I attended the	deceas	ed fram. Aug.	8	, 19-60, ta-N	lav-30	, 19 <del>-6</del>	2hat I las	it saw the	e deceas
alive on Ma		181	5.2, and the	at death	accurred ab: 30	M, from	the causes ar	nd an the	date sta	ted abo
2.1	(47) 1	1		1	0.50	ADDRESS (S	Street, city or town,	stote)		DATE SIGI
ACTUAL	X 1 Leph	Un	1.0.00	11.	. 237 E				5/30/	162
SIGNATURE	2 / 1/11	الإلا	your >	#	.b. 233 E	Main	Street			
PHYSICIAN'S NAME (Type)	S. Ralph	And	rews, Jr	., M.			on, Mar			
2a. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CE	METERY OR	CREMATORY	-	TION (City, tawn,	or caunty)		Stote)
Burial	6-2-1	1902	ADDRESS	on Cem	etery	Cita	ELKTON	CTDAPIC CLO	O Cec	11, 1
3. FUNERAL DIRECTOR	SIGNATURE Pra	ut	ADDRESS		24a. R	EC'D BY REGIS	ELK TON 245. REG		NATURE	
faset	h R.Grant	Nor	th East. 1	Marvla	nd DATE			7-Thun 8	. Thomas	

TO HOSE AL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 2 burs after a Page 4 may be retained by haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, or removal, and in any event within 72 haurs after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) . COUNTY b. COUNTYCECIL Page a. STATE MD. CECIL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerest town) write RURAL and giva nearest town) 1 HOUR BAINBRIDGE CONOWINGO BATNBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Boar ON A FARM? to the funeral to be retained to h the State Box CONOWINGO STATION HOSPITAL USNTC BAINBRIDGE, MD YES NO X NAME OF 4. DATE Middle Inch Month Day Yaar DECEASED HAYSEN JAMES JR. 5-9-62 (Type or print) DEATH 19 ive Pages 1, 2, and 3 to n PM3. Page 5 may be le pages 1 and 2 with 1 within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 12-25-26 WIDOWED DEVORCED [ 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA U.S. NAVY KY. RETIRED NAVY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HALL, LULA MAY HAYDEN, JAMES A. 18. Give Port form PN it. File present w 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas. no. or unkown) | (If yes give war or dates of service) CONOWINGO .Md. MRS. JAMES A. HAYDEN JR. with WW2 per 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ing" in pencil in the sar's Office along v is a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ACUTE CORONARY OCCLUSION 2 HRS. IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic heart disease, severe Unknown Conditions, if eny, which (b) gava rise to immediate cause Examiner's DUE TO (a), stating the underlying as 0 ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? writing the word 'e Chief Medical Ex Page 3 should be to burial, cremating NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. (NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) certificate, with the C factory, street, office bldg., etc.) While Not While Hour a.m. OR: P at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XX Inquiry XX and in my opinion please execute the certific to should be forwarded to FUNERAL DIRECTORY its designated agent, prits designated agent, price to the second to t Natural causes XX Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER DODSON MD ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE RISING SUN. MD 5-9-62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (State) REMOVAL (Specify) 240 p West Nottingham cem. Colora, Md. Burial 5-14-1962 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR WY Son Perryville, Md. VS. A15ME arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

death. Page 4 m

TO HO

VR A15 (4) 15M 7/61



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05712 CERTIFICATE OF DEATH

) •. CO	E OF DEATH								
	UNITY				e. STATE		sed lived, If in b. COUNT		lence before edmission
	Ceci	1		MARYLAND	Vir	ginia	B. COOI41	Gray	SOM
b. CIT	Y OR TOWN (if	outside corporete limi	its,   c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporat	a limits, write l	RURAL end giv	ve nearest town)
Per	rite RURAL and g	t, Maryla	and		Rural -	Independ	ence	8	3x.3
		L OR INSTITUTION (		give street address)	d. STREET ADDRESS		ence	0	e. IS RESIDENCE
					d. STREET ADDRESS.				ON A FARM?
		dministra	ation no	-					YES NOX
B. NAM	E OF	First		Middle	Last	4. DATE	Month	Da	y Yeer
		ENRY		E.	HICKS	DEATH	May	29	19 62
. SEX	1	6. COLOR OR RACE	7. MARRIEDA	NEVER MARRIED	. DATE OF BIRTH		GE (In years   I	F UNDER 1 YEA	R IF UNDER 24 HRS.
MAI		WHITE	WIDOWED	DIVORCED	4-13-21	la la		Months Days	Hours Min.
		N (Give kind of world	l lead	OF BUSINESS OR INDUSTR			-	12 CITIZEN	OF WHAT COUNTRY
done du	ing most of worki	ing life, even if retire	nd)	struction	Grayson				USA
	penter		Cons	Struction			TIGITAL	G.	UDA.
3. FATE	ER'S NAME				14. MOTHER'S MAIDEN				
Guy	C. Hic	ks			Linny Ha	ckler			
		IN U.S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT		Address		
Yes, no,		esgive werordetasofs		cnown H	ospital Rec	ords. VA	H. Per	rv Pei	nt. Md.
		ATH [Enter only one							INTERVAL BETWEEN
		WAS CAUSED BY:			A mark d'anné				ONSET AND DEATH
-		MEDIATE CAUSE (a)	Cerepi	ral Vascular	Accident				2 hours
-	31X	DUE TO							
	12.0		Transaction Acade	. /-					
Cond	ditions, if eny,	which \ (b)	Hypert	cension (Pos	sibly relate	ed to Rena	al Cond	ition)	
gave	rise to immediate	e cause		ension (Pos	sibly relate	ed to Rena	al Cond	ition)	Page 1
gave (a),	rise to immediate	e cause		cension (Pos	sibly relate	ed to Rena	al Cond	ition)	Table 1
gave (a), cause	rise to immediate stetling the under last.	e cause   DUE TO							III WAS AUTOPSY
gave (a), cause	rise to immediate stetling the under last.	e cause DUE TO (c)	ITIONS CONTRIB	UTING TO DEATH BUT NO					PERFORMED?
gave (a), cause	rise to immediate steting the under last.  PART II. OTHER S  Polyce	cause DUE TO (c) GIGNIFICANT CONDI	itions contribi	uting to death but no	DT RELATED TO THE TERM	INAL DISEASE CO	ndition give		19. WAS AUTOPSY PERFORMED? YES \( \text{NO \( \text{XO} \)
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20c. 22c. But REMO	PART II. OTHER S PART II. OTHER S POLYC ACCIDENT WAS CONTRIBUTING E THER, NOTIFY A TIME OF INJURY Hour a.m. p.m. I certify the SIGNATURE PHYSICIAN'S NAME (Type)  RIAL, CREMATIO VAL (Specify)	DUE TO  GEORGIAN CONDI  CYSTIC KIC  GEORGIAN  Month, Day, Ye  Month, Day, Ye  19  KNO (this hospi  CHANNER)  BERNARD  BERNARD  N. 23b. DATE THE  6-1-62	itions contribilitions contribilitions and contribilition described with the contribilition attended axxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UTING TO DEATH BUT NO  I Urenia  E HOW INJURY OCCUREE  RY OCCURRED Not While at work  the deceased from.  KXIXXXX and that  M. D.  C. NAME OF CEMÉTERY	CE OF INJURY (Home, falory, street, office bldg., et death occured at ATTENDING PHYS. 22d. ADDRESS VAH, OR CREMATORY	INAL DISEASE COI	town)	(County)  (County)  19.62  nd on the  5/30  (arylain or county)	PERFORMED?  YES NO (Stote)  (Stote)  About (Stote)  (Stote)  Rural  NATURE

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MARKETON S. LITTLE, M. D.

5-22-

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Prisoned relieve demensory

Independence, Va. Rural

KOUTTE

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## 05713

TO DEPLAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any you is necess, cute and cute process, cute

VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	5	7	-	1	8
	-	46	- 1	A	

Disk No.

									Keg, Dist. N	0.
1. PLACE	OF DEATH				2. USUAL RE	SIDENCE (V	Where deceased li	ved. If Institutio	n: Residence be	fare admission)
0. 00		Cecil		MARYLA	O. STATE	M	arvland	b. COUNTY	Ce	ci1
	OR TOWN (IF	autside corporate limits, w	rite RURAL	c. LENGTH OF STAY IN	1b c. CITY O		f outside corporat	e limits, write RL		
One	give nearest town	rth East		2 *****	. X	AT	orth Eas	t Md		
d. NA			(If not in hor	2 years	d. STREET		OT III Das	C MIL		e. IS RESIDENCE
										ON A FARM
3. NAME	OF	F	irst	Middle	Los	1	4. DATE OF	Month	Day	Year
	or print)	NOA	H		JOHNS ON		DEATH	5	22	195 2
5. SEX		6. COLOR OR RACI	E 7. MARRI	ED T NEVER MARRIED				GE (In years   IF	UNDER TYEAR	IF UNDER 24 HI
Ma	16	white	WIDOWE	D DIVORCED	9-20-	1907	10	si 54 lay) yrs. N	Aonths Days	Hours Min.
10a. USU	AL OCCUPATIO	ON (Give kind of worl	k done 10b. I	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPI	ACE (Stote	or foreign count		12. CITIZEN C	F WHAT COUNT
during	Tok of working	g life even if retired	)	Maryland Ma		Wes			1	JSA
13 FATH	ER'S NAME			•	14. MOTHER'S	MAIDENIA	LAME			
10. 17.111		es: John's on			14. MOTHER S	MUNIDEN IN		ecca McC	OY	
26 11446										
(Yes, no, or	unknown  1	ER IN U. S. ARMED F	of services to		17. INFORMANT	C1	Taba	Address	while To ad	Ma
n	0		4.	35-05-4238	Mrs Bet	A STO	oan John	son, Noi	th Easi	, Man
18. C	AUSE OF DEAT	TH [Enler only one co	ause per line	for (o), (b), ond (c).]					INTE	RVAL BETWEEN
150	PART I. DEAT	H WAS CAUSED BY		Acute Co	ronary Oc	lusic	on		ONS	E SAND PRATH
100	1120	IMMEDIATE CAUSE (								
	TOO!	DUE TO	)							
	ditions, if or		b)							
	stoting the		5						MINT	
cou	e lost.	) (	(c)							1.7.1
No	PART II. OTH	IER SIGNIFICANT CO	NOITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERM	INALDISEASE CO	NDITION GIVEN	IN PART 1(a)	PERFORMED?
CATION										YES NO
W 200	EXTERNAL CAL	ISE WAS :	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture of in	njury in Par	t I or Part II af it	em 18.)		- 100
PRIM CAUS	ARY LI ar CON SE OF DEATH.	NTRIBUTING [								
	TIME OF INJUR	RY Month, Day, Y	ear 20d	INJURY OCCURRED 20e.	PLACE OF INJURY	Hama fara	n, 20f. (City ar t	ownl	(County)	(State
WEDICAL 20c.	Hour a.m.		While	e _ Not while _	factory, street, affic			own	(county)	fairte
2	p, m,	15	at wo	ork of work						
21.	I certify th	ot I took chorg	e of the	remoins described	obove, held on	Autops	y . Inspe	ection 🔣 ,	Inquiry &	, and find th
deo	th resulted	from: Noturo	couses	Accident,	Suicide , H	lomicide	, Unde	termined cau	use .	
ACT		1			CHIEF	AEDICAL EX	KAMINER [			DATE SIGNED
SIGN	IATURE	10.1		1- 10	M.D.		AL EXAMINER			
	MINER'S	11/14	100	lacet	7					
		1/0/1/	R.C.D	odson	DEPUTY	WEDICAL	EXAMINER 1	Rising	Sun Mc	5-22-1
NAA				T			Total Control			
NAA 220. BURI	AL, CREMATIO	N, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, Iown, or	county)	(Stote)
220. BURI REM		N, 226. DATE THERE		22c. NAME OF CEMETER			North		county)	
220. BURI REMI B 23. FUNE	AL, CREMATIO OVAL (Specify)	5-25-1	962		t			East. Ce		Md

-17 4

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No

000
1. PLACE OF DEA o. COUNTY
b. CITY OR TO

the funeral directar, shauld be filed with

filled in by the Pages

campletely

and

physician

attending ā

py

ertificate has been signed as the burial-transit permi ar attending physician

this certificate

page 3 shauld be detached far use

priar

the registrar

remayal,

requires that the death certificate be

o. COUNTY	Ceci1		MARYLAN	o. STATE Ma	ryland	b. COUNTY			e odiniss	ion,	
b. CITY OR TOWN ( RURAL and give n Elkton	If outside corporate limi earest town)  R.D.	ts, write	c. LENGTH OF STAY IN 1 Lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Elkton (Rural)							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street ac	ddress)	d. STREET ADDRESS						FARM?	
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mon	th	Da	,	Year	
(Type or print)	Newt	on	Heston	Mahoney Sr.	DEATH	May		19		1962	
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	_		+	ER 24 HRS.	
Male	White	WIDOWED	DIVORCED	April 11,	1892	70 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION during most of wor Carpenter	king life, even if retired	)	Adm.Perry	Point Mary	ate or fareign o	auntry)	12. CIT		WHAT C	OUNTRY?	
13. FATHER'S NAME	liam J. Mah	oney		14. MOTHER'S MAIDE	N NAME . Heath						
	ER IN U. S. ARMED FOR {If yes, give war or dates of s W. W. I		None	Newton H. Mah	oney,	Add	ress				
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o), (b), and (c).] Arterio scler	otic Heart	Discar	_		ONS	ERVAL BE		
420, Conditions, if o		P	eneralized	Arterissele	voirs			1	oyrs	1	
gave rise to i couse (a), stating lying cause last.	the under-			_							

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) Year

Hour o. m. While Nat while ot work at work p. m.

factory, street, affice bldg., etc.)

(County) (Stote)

1964 that I last saw the deceased

19. WAS AUTOPSY PERFORMED?

YES NO NO

21. I certify that I attended the deceased from ACTUAL SIGNATURE

22b. DATE THEREOF

4 A.M. fram the causes and an the date stated above. that death occurred at\_ ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type)

MEDICAL

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

220. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIG

Union Cemetery ADDRESS

24a, REC'D BY REGISTRAR

(Rural) Cecil Co.M.

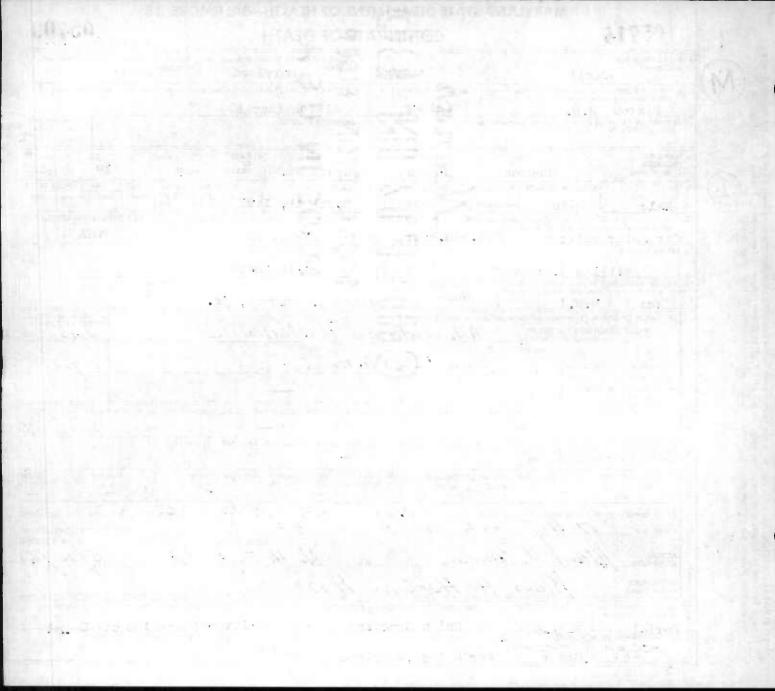
TO FUNERAL DIRECTOR: VS A1S (4) 1SM 9/S8

retained

North East, Maryland

MAY 2 3 '62

arthur & Kraus



# HEALTH DEPT. TO DEPUTY ME. ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is net please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1571)

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions	Residence before edmission)
Cecil MARYLAND	Maryland 6. COUNTY	ecil
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL e	
write RURAL end give neerest town)	North East	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Union Hospital of Cecil County  3. NAME OF First Middle	Circus Trailer Park	YES NO
DECEASED	Last 4. DATE Month OF	Dey Year
(Type or print) Ellwood Lee	McDonald DEATH May 28.	19 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER lest birthday) Months	1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	11/18/25   1ast birthday)   Months   36 yrs.	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY   11. BIRTHPLACE (State or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY
	West Virginia	TTCA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	USA
Honny McDowelld		
Henry McDonald  15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Goldie Helmick	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	aoma M. McDonald, X 34, S. Lloyd	Street
Yes W.W. IT	wife McDonald, & 34 Si Lloyd Baltimore 2,	, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary Occlu	sion soute	30 min.
420 / DUE TO	151011, 404.00	
Conditions, if eny, which (b)		
geve rise to immediate cause		
(e), stelling the underlying		
	OT DELATED TO THE TERMINIAL DISEASE CONDITION COVER IN DAT	77 // 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1// 10 1
E PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT IN	OF KEENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
<u>  <u>                                  </u></u>		YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	(Enter neture of injury in Pert I or Pert II of item 18.)	
	ACE OF INJURY (Home, ferm, † 20f. (City or town) (Co	unty) (Stete)
Hour a.m. While Not While fee	ctory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes . Accident . Suice	cide, Homicide, Undetermined manner [	
11 110 kg - 01 10 1	CHIEF MEDICAL EXAMINER	
SIGNATURE / CONTROL OF	M.D. ASSISTANT MEDICAL EXAMINER	PATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	5/28/62
NAME (Type) Dr. R. C. Dodson	Address (Street, city, town, or county) Rising	Sun. Md.
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country)	y) (State)
Burial X 6/1/62 Mt. Zion Ceme		
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S S	1 1 1
Howard H. Hubbard, 4107 Wilkens Avenue #2	29 DATE WAY 3 1 '62 Conthury &	FERMIN

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18-20 Film Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY Ceci1 MARYLAND Delaware New Castle b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 director. your write RURAL and give neerest town) 40 Rura1 Wilmington North East О 4 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Po d. STREET ADDRESS Boar IS RESIDENCE ON A FARM? sath. If any delay 3 to the funeral retained the State B YES NO 1221 B. Street 3. NAME OF First Middle 4. DATE Month Day DECEASED with the (Type or print) DEATH 19 Charlie N. Miller. 3 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 18. Give Pages 1, 2, and 3 h form PM3. Page 5 may mit. File pages 1 and 2 with v event within 72 hours a may 2 with last birthday) Months Days 24 hours after ove Pages 1, 2, an WIDO WED [ DIVORCED Colored male 11-18-1906 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Material handler Chrysler Corp Kentucky U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Miller Ernest Lucy Randle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address DETRIOT. MICH. permit. (Yes, no, or unkown) ! (Ifyes give war or dates of service) with Mrs Ernest Lucy Dickerson 9403 Burnette St. 360-01-9778 in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL RETWEEN Office along v burial-transit p moval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: minutes IMMEDIATE CAUSE (a) Accidental Drowning in pencil DUE TO removal, This certificate should Conditions, if any, which (b) cerificate, writing the word "pending" rded to the Chief Medical Examiner's C ECTOR: Page 3 should be used as a b gave rise to immediate cause DUE TO (e), steting the underlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? Fell off trestle into North East River NO K 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | fishing on a trestle and line was caught, went to get off and fell into river CAUSE OF DEATH. please execute the certificate, wrining the should be forwarded to the Chief of FUNERAL DIRECTOR: Page 3: MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While 19 62 et work et work North East River! North East Cecil 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | Inspection x. and in my opinion death resulted from Natural causes Accident -Suicide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5-13-1962 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 225. BATE HERE Rising Sun. DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country May (Specify) 240 p Detroit Memorial Park OH 23. FUNERAL DIRECTOR ark Datriot Michigan SIGNATURE **ADDRESS** VS. A15ME 907 Poplar St., Wilmington, Departar 1 6 '62 arihun S. Thouse 5M 7/59

FOR CHAIN TO MANAGE THE PROPERTY WILL CONSTRUCT AND ASSESSED AS A STRUCTURE OF THE PROPERTY AND ASSESSED. Lines Condition of Secretary A house the Charles And Advantage of the Control of the Con 11-11-190a L Maria Characters of the october . 10714 (201, TEM) -SORTLETLE TEL BUE NOT THE THE TOTAL PRODUCT OF THE state of the s

FOR STATE HEALTH DEPT TO DEP DICAL EXAMINER: This certificate should be executed within 24 hours after death. If aity delay is dessary, please executed in the form 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05712

Cecil	MARYLAND	e. STATE Md.		d, If institution: Res		dmission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest lown).  Chesapeak City,	R.D.1. 2 yrs.		outside corporate limits, eak City		give neerest town	1)
d. NAME OF HOSPITAL OR INSTITUTION (if n	of In hospitel, give street eddress)	d. STREET ADDRESS			e. IS RE ON A YES	FARM
NAME OF DECEASED (Type or print) Robert	Allen	Morris	4. DATE A OF DEATH	5	26 19	6
M W V	VIDOWED DIVORCED	12-14- 195	last-birthe	ears   IF UNDER 1 YE		24 HRS. Min.
De. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	106. KIND OF BUSINESS OR INDUSTR	Delawar	e		S.A.	DUNTR
Robert Langley	Morris	Hattie	AME MayLe	nard		
5. WAS DECEASED EYER IN U.S. ARMED FORCES (fes, no, or unkown) (lifyesgivewarordalesofserv	S?   16. SOCIAL SECURITY NO.   17. I	Mrs.Robert	Ad	dress		
18. CAUSE OF DEATH [Enter only one call PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, (if eny, which geve rise to immediate cause (e), stating the underlying DUE TO	use per line for (a), (b), end (c).]  Drowned				interval bety onset and d 5 mi	EATH
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION	GIVEN IN PART 1(	PERFOI	RMED?
PRIMARY For CONTRIBUTING CAUSE OF DEATH.	Fell into pond	PROPERTY AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT A	or Pert II of item 18.)	Cooll	YES 1	10 <b>X</b> 0
20c. TIME OF INJURY Month, Day, Year 5 26 6	Fell into pond    20d. INJURY OCCURRED   20e. PLA   While   Not While   feety     at work   at work	on farm. CE OF INJURY (Home, farm, arx, street, office bldg., etc.) Farm	20f. (City or lown) Chesap	Cecil eake Ci	7) (	Ma
20c. TIME OF INJURY Month, Day, Year H 320 5 26 6.  21. I certify that I took charge of the death resulted from: Natural cause ACTUAL	Fell into pond    20d, INJURY OCCURED   20e. PLA	on farm.  CE OF INJURY (Home, farm, onc, street, office bldg., etc.)  Farm  Id an Autopsy In ide Homicide  CHIEF MEDICAL EX	Chesap  spection , In  Undetermine	eake Ci	ty R.D	Md Siand)
20c. TIME OF INJURY Month, Day, Year House State	Fell into pond    20d. INJURY OCCURRED   20e. PLA   2al work   Not While   feely   al work   St	on farm  CE OF INJURY (Home, farm, one, street, office bldg., etc.)  Farm  Id an Autopsy   , lid ide   , Homicide   , CHIEF MEDICAL EX  M.D. ASSISTANT MEDICAL EX  DEPUTY MEDICAL I	Chesan  spection x, In  Undetermine  AMINER   AL EXAMINER	eake Ci	ty R.D	Md Siane)

Cecill 4.5% Chesapeak Olty, A.D.l. 2 prs. Chesapeak Olty R.D.l Robert Allen Morris des 5 26 c 6 2 12-14-19-3 Ontild Delegate U.S.A. buans typi angh eittell eittel pigagi taeeal Fig B of The well into pond on Carn 5.30 5.26 62 x Dem

E.C. Dodson

Analog Sur Cooks Me. 5-27-6

Cecli, Ma

James of the state of the state

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death. Page A. I be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 abould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after ATTENDING PHYSICIAN: The law requires that the death certificate be execut

death. Page A TO HOS

VR A1S (4) 1SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (15713)

1. PLACE OF DEATH	Н		2. USUAL RESIDEN	ICE (Whare daceasad lived, I	f institution: Residence before edmission
a. COUNTY	Cecil	MARYLAND	a. ST Maryl	and b. cou	Cecil
b. CITY OR TOWN (	if outsida corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	./_		ite RURAL and give nearest town)
	Deposit	Life	X Port De		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not i	in hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
38 G1	ranite Ave		38 Gr	anite Ave.	YES NO
NAME OF DECEASED	First	Middle	Lest	4. DATE Mon	th Day Year
(Type or print)	Paul	1	Murray	DEATH Ma:	y 20 19 <b>62</b>
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 18	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	TATA P A	DOWED DIVORCED	June 13.	1900 61 yrs.	Months Deys Hours Min.
IDa. USUAL OCCUPAT	ION (Give kind of work   1	Db. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTR
machini most of we	orking life, even if retired).	. Training cen	ter_warvla	nd	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Willi.	am J. Murra	v	Mary E.	Murray	
		16. SOCIAL SECURITY NO. 17. 1		Addre	SS
(Yes, no, or unkown) (	If yes giva war or dates of servica				200
No	THE WAY IT	218-03-2927 3	eseph w. M	urray,Port	Deposit Md.
	H WAS CAUSED BY:	pringe for (a), (b), and (c).]	In Xal	3-1	ONSET AND DEATH
TAKI II. VEAL	IMMEDIATE CAUSE (e)	Myscarde	100 814	archeon	34900-
420,	DUE TO	130-	1.15	-	- Sha
Conditions, if en	y, which \ (b)	CO TOING	in the	noris	50/00-
geve rise to immed	DITE TO		//		
(a), steting the u	Inderlying (c)				
PART II. OTHE	SIGNIFICATIT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPS
<b>E (</b>	TOURTA.				PERFORMED?
2De. ACCIDENT W	AS UNDERLYING   20b.	. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	Pert I or Pert II of item 18.)	7
	MEDICAL EXAMINER)				
20c. TIME OF INJU			CE OF INJURY (Home, fer		(County) (Stata)
Hour e.m.		While Not While tech	tory street, office bldg., et	20	
-			Merco -	79.59 to MAL	19, 196 4that (I) (we) la
		attended the deceased from.		- ^ /1	
	sed alive on VND	and that	Weath occured a		s and on the date stated above
22a. SIGNATURE	6/100	Dhe.		MED. STAFF	SIGNI
	elarence	a Jourson	D. PHYS.	DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type		I. Benson		Deposit .Md	
23a. BURIAL, CREMAT	5-23-196	23c. NAME OF CEMETERY  Mt. Erin	OR CREMATORY	Havre De	Grace, Md. (Stete)
24 FUNERAL DIRECTO		ADDRESS	2Se. RE	C'D BY REGISTRAR 25b. R	
1 00 11	allongmen	1 1/ . /	lle ,Md . DATE		
see w.	y war ou	11.0, -0113 11.	DATE	ALES OF	Chilling S. Thank

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William J. Morrey . Mary E. Morrey

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	moy be retdined the hospital or attending physicion.	PUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the	page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 s	the registror prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.
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VS A15 (4) 15M 9/5B

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ENDING PHYSICIAN: The low requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05714 05719 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Cecil Md. Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cecilton d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Graybeal Nursing Home YES NOTE NAME OF 4. DATE Middle Month Last Yeor 23, (Type or print) DEATH May 19 62 CHSON 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Male White WIDOWED [7] DIVORCED T January, 5, 1902 60 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Salesman Broom Salesman U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter V. Nickerson Annie E. Garey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No. 213-34-2127 George Humphry, Cecilton, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET\_AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o m While Not while of work ot work 21. I certify that attended the deceased fram That I last saw the deceased alive an and that death accurred at 4 to M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S

220. BURIAL, CREMATION. May, 26, 1962 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Cecilton Cemetery

24a. REC'D BY REGISTRAR

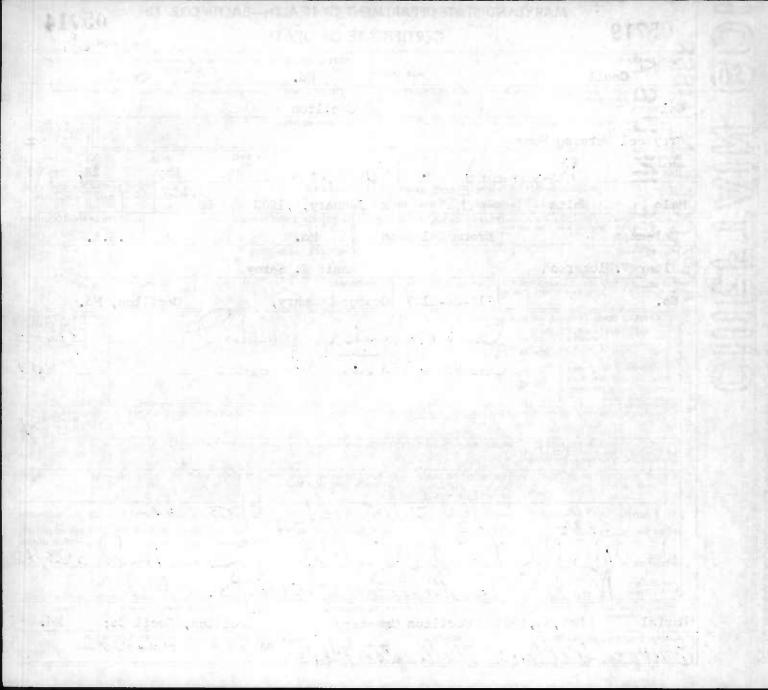
24b. REGISTRAR'S SIGNATURE Circhar S. Thouse.

(Stote)

Md.

22d. LOCATION (City, town, or county)

Cecilton, Cecil Co;



MARYLAND STATE DEPARTMENT OF HEALTH

hours physician remove please 2 attending Then removal has been the as 0 prior DIRECTOR: death. Page director, page be filed with t VR A15 (4)

hours after

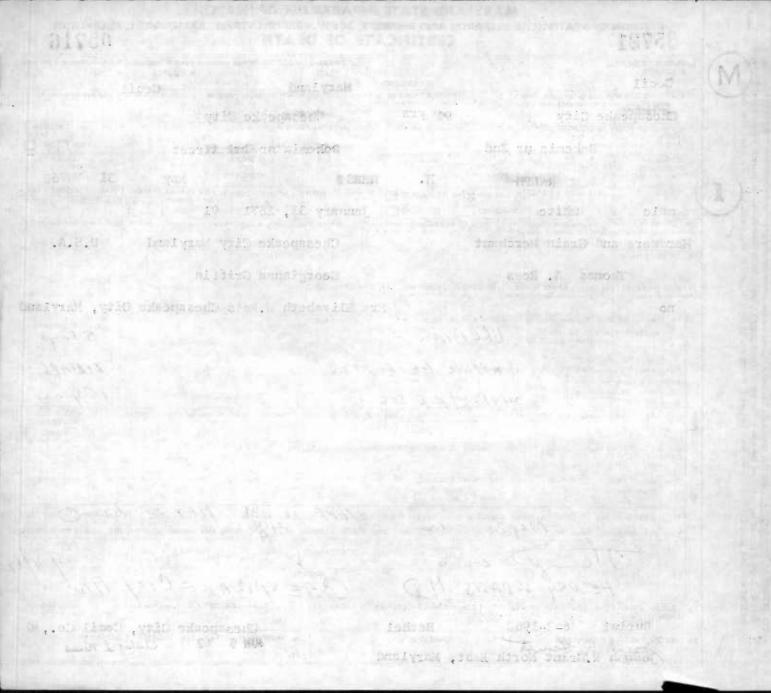
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

05721		CERTIFICA	TE OF DEAT	IH			12.41	0
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where d			lence before	ed mission
Cecil		MARYLAND	e. STATE		b. COU			
b. CITY OR TOWN (if	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	Mary land	(If outside corp	porete limits, writ	e KURAL and giv	ve nearest tov	wn)
Chesapeak	e City	91 yrs	X Chesar	eake C	ity			
	AL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS				ON	A FARM?
	Bohemia nr 2nd		Bohemia				YES _	NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h Di	ву Үег	ır
(Type or print)	RALPH		REES	DEATH	May			62
S. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	5	9. AGE (In years last birthday)			R 24 HRS.
male	white WIDOWE	D DIVORCED	January 31.	1871	91 yrs.	Months Day	s Hours	Min.
	ON (Give kind of work   1Db. KI	IND OF BUSINESS OR INDUS	~		r foreign country	12. CITIZEN	OF WHAT	COUNTRY
and an analysis of the same of	rking life, even if retired)		Ohnaana	ales Old	Mam. 1		TT C' A	
Hardware at 3. FATHER'S NAME	nd Grain Merthan	L	14. MOTHER'S MAIDE		y Maryla	LIME	U.S.A	
. FATHER 3 NAME								
	omas A. Rees		Georgia	nna Gri				
es, no, or unkown) I (H	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	S		
no	,	M	rs Elizabeth	W.Rees	Chesape	ake Cit	v. Mar	v lane
	EATH [Enter only one cause per li						INTERVAL BE	ETWEEN
PART I. DEATH	WAS CAUSED BY:	EMIA					S Da	
F031	MANUEL CAOSE (0)							1
137d>	DUE TO	00 000	0 . –				2.121	00
Conditions, if eny	10,	PONIC NEPAI	21713				+ YESH	14
gave rise to immedia (e), stating the un	PULL TO		_				1500	
cause last.	(c) 4/4/	ERTEN SIO	1			4	10 70	Res
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART 1(e	19. WAS	AUTOPSY ORMED?
PART II. OTHER  PART II. OTHER  20a. ACCIDENT WA  OR CONTRIBUTING  OF LITHER, NOTIFY							YES T	NO T
20a. ACCIDENT WA	AS LINDERLYING TO 1 20h DES	CRIBE HOW INJURY OCCUR	FD. (Enter neture of injury i	n Pert I or Part	Il of item 18.)			
OR CONTRIBUTING	CAUSE OF DEATH	CRIDE TO TO TOTAL O COOL						
	MEDICAL EXAMINER)					10 11		151-1-1
20c. TIME OF INJUI	RY Month, Dey, Year 20d. While		LACE OF INJURY (Home, fa ectory, street, office bldg., e		ty or town)	(County)		(State)
p.m.	19 et wort							
21 I certify th	hat (I) (this hospital) attend	ded the deceased from	OSUNE 10.	19.31 to	MAY	3/ 1967	that (1)	(we) la
zi. I certify ii	ed alive on MAY 30	1062 and th	at death occured at	419 from	m the causes	and on the	date state	ed abov
22a. SIGNATURE	ed alive off	and in	ai dealli occured oi.	7	iii iiio caasas	one on me		b. DATE
228. SIGNATURE	Jan 150	ono	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		ی	TSIGNE
22c. PHYSICIAN'S NAME (Type)	HENRY U. DAL	us MD	22d. ADDRESS	SAPE	AICE (	bery.	40/	/
DIADIAL CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	234. 100	CATION (City, to	own or county)	(	Stete)
REMOVAL (Specify)		200. HAME OF GEMETER	. C. GRENOTION					
Buria	1 6-2-1962	Bethe1			apeake (	City, Ce	cil Co	) . , MI
4 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25a. R	EC,D NEEL	STR462 256. RI	GISTRAR'S SIG		
Voseph	R.Grant North I	East. Maryland	DATE				. Many	
1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								

death. Page sy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dearn. The law requires that the death certificate be execu ATTENDING PHYSICIAN: VR A15 (4) 15M 7/61



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MARYLAND STATE DEPARTMENT OF HEALTH

71860 The Time of the said of the sa St. tien complete, televi = ... The book of the commence of the light of A 10 TR THE TREE PLANTS THE THE SOUT AND THE theefl County, Virginia D. S. .. CONTROL OF STREET Sette the dreet of the contract of THE SECOND CONTRACTOR OF THE SECOND S Ale Pare S arm d. uppetry, int, in a range of the Beaten, velto, intentine, at. austra, ist a required got, farrywille, taryland trank 2 a to

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 05718

1. PLACE OF DEAT	н			CE (Where deceased lived		ce before admission)
	Cecil	MARYLAND	a. STATE New	Jersey b. Co	OUNTY	1
	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and giva	nearast town)
Perry Po	int, Md.	5 yrs. 8 days	Atla	antic City	67X	. 3
	PITAL OR INSTITUTION (if not i		d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Veterans	Administratio	n Hospital	33 S.	Caroline Av	enue	YES NO
. NAME OF	First	Middle	Last		lonth Day	Year
DECEASED (Type or print)	OTTILI	E (NMI)	SCHERER	OF DEATH )	fay 22	19 62
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B.	DATE OF BIRTH		ears   IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Y. F2 F . L	OWED DIVORCED	1-12-67	last birthd. 95 yr	110111113 0072	Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work	Ob. KIND OF BUSINESS OR INDUSTRY	Y   11. BIRTHPLACE (Cou		ntry) 12. CITIZEN C	F WHAT COUNTRY
	vorking life, even if retired)	Private	Philade	lphia, Pa.	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN		0.012	
	Henry W. Sch	erer	Sarah E.	Jortz		
5. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I			drass	
(Yes, no, or unkown)	(If yes give war or dates of service		ospital Rec	ords, VAH,	Parry Pois	t Ma
	S.A.W.  DEATH [Enter only one cause	None In and (c)	obpious nec	orab, this		TERVAL BETWEEN
The second secon			347-47		10	SET AND DEATH
1/00	IMMEDIATE CAUSE (a)	Bronchopneumonia	bliateral,	unresolved		3-5 days
420,	O DUE TO					
Conditions, if an	10/	rteriosclerotic	heart dise	ase		
gave rise to imme-	POLIC TO					
cause last.	(c)					
PART II. OTH		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
					Late of	PERFORMED?
S ACCIDENT V	WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In	Part I or Part II of itam 18.1		
OR CONTRIBUTING	G CAUSE OF DEATH					
		20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	m. ' 20f. (City or town)	(County)	(State)
20c. TIME OF INJ		While Not While factor	ory, street, office bldg., et		(000)	(0.0.0)
	1 44 17	at work at work				
21. I certify	that COCOCOCOCOCOCO tant	attended the deceased from	May 14	19.57 to May	22 196.23	desprácticos de partir de la constante de la c
DESCRIPTION	**************	XXXXXXXXXX and that	death occured at	M, from the caus	ses and on the d	ate stated above
22a. SIGNATURE				MED. STAFF		22b. DATE SIGNE
	a. L. me	HTTHEY M.	211110			5-22-62
22c. PHYSICIAN			22d. ADDRESS			
NAME (Typ	A. L. MOONE	Y AsstyClinical	l Pathologi	st, VAH, Pe	rry Point,	, Md.
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	r, town or county)	(State)
REMOVAL Specifi	1 5/23/6.	Arlingt	on	Drexel Hi	11, Pa.	
24 JONERAL DIRECTO	75	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.		TURE
() .	12-13	vre de Grace, M	Id . DATE	MAY 2 8 '62	. 0 4	
Banning	Julia or Charles He	TATE ME GIUDE)	AUL .	F 0 VA	wining & the	w.

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For Foint, Mr. 5 yrs. 8 days Asianits Diny

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OFFILLS (ani.) SCHALAR 22 62 62

Fonale With 12-67 95

Hogistored warse Frivate Philadelphia, R. Ull

Hour . Boherar Seran L. Ortz

For S.L.V. None Mosital Proofs, VAR, Perry Point, Mr.

From Sonata in treat, unresol ed 3-5 days

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TEXT TO SELECT THE SEL

A. I. MCKET Asst. Claudest Pathologist, Vall, Perry Lotus, 16.

Fr. 8 / Urbxel Hill, Es.

Bonnin den Jehr, Havre de Grace, Id.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### CEDTICICATE OF DEATH

05719

00.872		CERTIFICA	ATE OF DEAT		Reg. Dist. No.	
o. COUNTY Ce C	11	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institu b. COUNT		
RURAL ond give n	(If outside corporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL ond give neare 46X	st town)
OR INSTITUTION	TAL (If not in hospitol, give street Hospital		d. STREET ADDRESS 72 East M	lain St.		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Frank	Middle	Slack	4. DATE OF MAY 1	1962 Doy	Yeor 19
Male Male	White widow		May 9,1892		Months Doys I	Hours Min.
Railroa	ON (Give kind of work done 10b. king life, even if retired)  d employee	. KIND OF BUSINESS OR INDU	Delawar	e	12. CITIZEN OF USA	WHAT COUN
	s Slack	8/18/11/15		Eastburn		
5. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		<sub>INFORMANT</sub> rs.Marian G	lenn 72 E.1	dress Newark Main St.,	Del.
PART I. DE	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ine for (o), (b), and (c).]	of the ho	e st	INTERVONSET 2	VAL BETWEEN I AND DEATH
Conditions, if a gove rise to couse (o), stoting lying couse lost.	mmediote the under-	illerincles	tie Coura	y occlusi	m 2	yrs.
S	HER SIGNIFICANT CONDITIONS					WAS AUTOPS PERFORMED? (ES NO [
OR CONTRIBUTING	AS UNDERLYING () 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I or Port II of item 18.)	15/15	
Y 20c. TIME OF INJUI Hour e. ji. p. m.	White		ACE OF INJURY IHome, fari actory, street, office bldg., et	m, 20f. (City or town)	(County)	(Stot
21. I certify the alive an	nat I attended the decease 5-14-62, 19	sed fram 5-13			and on the date	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Williford Epp	Espes		t Main St. Delaware	5	/16/6
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town, Newark, De.	,,	(Stote)
23. EUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		'D BY REGISTRAR 24b. REG		

DATE NAY 1 8 '62

Orthor S. Thomas

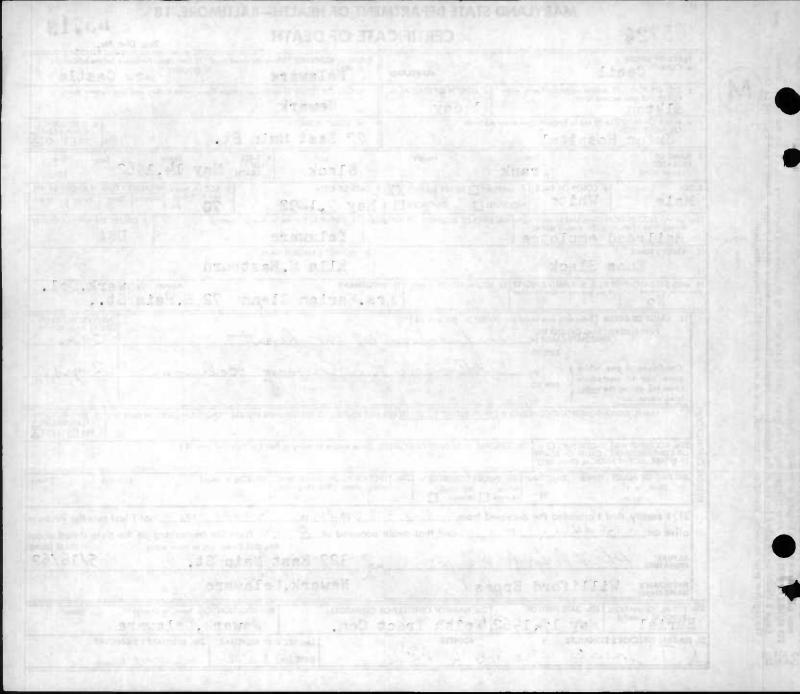
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Then please remave carbon papers.

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requires that the death certificate be executed within 24,



completely

The law requires that the

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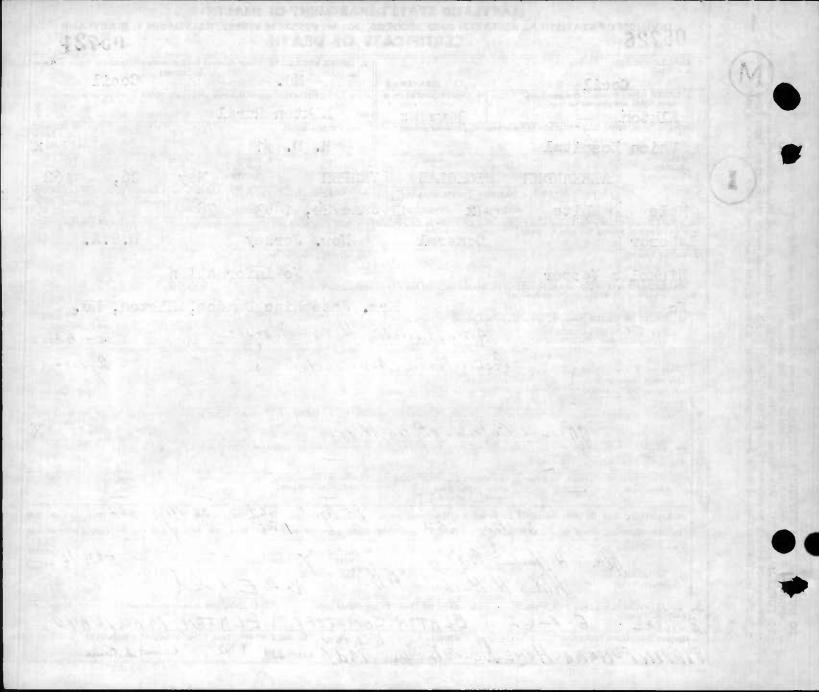
MADVIAND STATE DEDADTMENT OF HEALTH

	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
05726	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	05721

1.	PLACE OF DEATH			13 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	CE (Where deceased		esidence before edmission)		
	Cecil		MARYLAND	a. STATE Md.		b. COUNTY Ce	cil		
	b. CITY OR TOWN (if outside corporate I	mits,   c. l	LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate ti	mits, write RURAL end	give neerest town)		
	write RURAL end give neerest town) Elkton		3 weeks	X Elkton	n Rural				
	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital,		d. STREET ADDRESS			e. IS RESIDENCE		
	Union Hospital			R. D.	#1		ON A FARM?		
3.	NAME OF F	rst	Middle	Last	4. DATE	Month	Dey Yeer		
1	(Type or print) ALEXAND	ER NIC	KOLAS	VESPER	OF DEATH	May 26	19 62		
5.	SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED   8	. DATE OF BIRTH		(In years   IF UNDER 1 )	YEAR IF UNDER 24 HRS.		
	Male White	WIDOWED T		June 24. 1	883 7	withday) Months D	ays Hours Min.		
	. USUAL OCCUPATION (Give kind of w		OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cour	nty & State, or foreign	country)   12. CITIZ	ZEN OF WHAT COUNTRY?		
	one during most of working life, even if re Laborer		neral	New. Je:	rsey	U.	S.A.		
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Nickolas Vesper			No.	Informa	tion			
	. WAS DECEASED EVER IN U.S. ARMED F		AL SECURITY NO. 17.			Address	- · · · · · · · · · · · · · · · · · · ·		
10	es, no, or unkown) (Ifyesgive war or detes	of service)	Mr	s. Josephi:	ne Dando	e. Elkton	. Md.		
-	18. CAUSE OF DEATH [Enter only of	ne cause per line fo		11 . 5		9 2222	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Av	teviosclerot.	· Heart 1)	idease		ONSET AND DEATH		
	1420 0								
		(b) Gene	vilized A	rteriosclero	1.3		Lycard		
	gave rise to immediate cause						1		
	(e), stelling the underlying	(c)							
Z	PART II. OTHER SIGNIFICANT CON	(-)	JTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART			
CERTIFICATION	Phron	ic Cale	les elioleey	stitis			YES NO N		
E SE	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE		). (Enter neture of injury in	Pert I or Pert II of iter	n 18.)			
S. S.	OR CONTRIBUTING CAUSE OF DEAT	R)		-					
3	20c. TIME OF INJURY Month, Day,	Yeer   20d. INJUR		CE OF INJURY (Home, fare		vn) (Coun	ty) (Stete)		
MEDICAL	Hour e.m.		Not While fac	lory, straet, office bldg., etc	:-)	_			
1	21. I certify that (I) (this hos			15 Anvil	1962 to 2	6 Hev 106	that (I) (we) last		
	saw the deceased alive on			death occured at	- []		Service .		
	22e. SIGNATURE		17, and Ina	death occured aix.:	M, Irom me	causes and on it	, 22b. DATE		
	Mans H.L.	fueline &	(-1). N	I.D. PHYS.	MED. STA		5/26/6 SIGNED		
	22c. PHYSICIAN'S NAME (Type)	aus H. H.	vebuer 9.1.	). 22d. ADDRESS	the Ent	kd	/ /		
23	e. BURIAL, CREMATION, 23b. DATE TO	HEREOF . 23c	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county	) (Stete)		
1	BURIAL Specify 6-1-	62	ELHTON C	EMETERY	ELAT	ON MAI	RYLAND		
24	FUNERAL DIRECTOR'S SIGNATURE	. A	ADDRESS	LINTON 25a. RE		256. REGISTRAR'S S	IGNATURE		
IF	IPPINFUNERACH	TOME DO	all h. Du	Md DATE	MIN 1 '62	Chilling L.	Thous		

TO HOS RAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executivitin 2 death. Age 4 m a retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A1S (4) 1SM 7/61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission). a. COUNTY b. COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, lovel, and in any event within 78 hours after death. e. STATE Cecil MARYLAND Md. Carroll b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest lown) Conowing Rural West-Minister d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, pro-site of all d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 328 E. Madn St. YES NO DATE NAME OF First Middle Month Day Yeer DECEASED OF (Type or print) DEATH 19 Watson Windsor This certificate should be executed within 24 hours after death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR JF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Devs WIDOWED DIVORCED 28 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. USA. Jand tor Shoe Company 713. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David D. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Horning Ida 1 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no, or unkown) | (If yes give wer or deles of service) Mrs. Charles W. Winx Watson 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN s a burial-transit i Examiner's Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Drowning DUE TO Conditions, if eny, which geve rise to immediate cause "pending" DUE TO (e), staling the underlying Se OF cause lest. used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe certificate, writing the word Medical NO LE should 20b. DESCRIBE HOW INJURY OCCURED. (Enler neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Possociate the certificate, wrining instance of considerable forwarded to the Chief Meshould be forwarded to the Chief Meshould by DIRECTOR: Page 3 showing a prior to burial, EXAMINER: Md. Cecil Boat overturned and threw him in waterSusquehanna River MEDICAL 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While et work D.M Suaquehannak River 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) C. Rising Suny Mdury Dedson

22c. NAME OF CEMETERY OR CREMATORY

N (City, town, or country)

24b. REGISTRAR'S SIGNATURE

Circling S. Krana

24a REC'D BY REGISTRAR

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22e. BURIAL, CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DI director, page 3 st be filed with the S

VR A1S (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, STREET, BALTIMORE 1, MARYLAND
E OF DEATH 05725 05729 FOR STATE MEDICAL EXAMINER USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) HEALTH DEPT. PLACE OF DEATH . COUNTY und be executed within 24 hours after death. If any delay is new ray, in pencil in flem 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. Durial-transit permit. File pages 1 and 2 with the State Board of Harth, loval, and in any event within 77 thours after death. Cecil e. STATE b. COUNTY MARYLAND Cecil b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Nottingham Road all life Nottingham /Read/ Rural Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS (Rural Elkton) Nottingham Read 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH William Wilmar 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 AGE (In years | IF UNDER 1 YEAR | lest birthday) Months WIDOWED 3 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 annoval, and in any event within 77 done during most of working life, even if retired) 13. FATHER'S NAME All kine Md.

14. MOTHER'S MAIDEN NAME William Wilmer no information Anna Hillman 15. WAS DECEASED EVER IN U.S. ARMED FORCEST William J. Wilmer, Elkton, Maryland and (Yes, no, or unkown) | (If yes give we ror detes of service) EXAMINER: This certificate should be executed Hostital Records Elkton, Md. 18. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Malnurition and Heart Block. AL EXAMINER: this cermicers, in pencil cartificate, writing the word "pending" in pencil rided to the Chief Medical Examiner's Office alk IECTOR: Page 3 should be used as a burial-tradent, prior to burial, cremation, or removal, an DUE TO Conditions, If eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, ) Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work et work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection | Inquiry agent, death resulted from: Natural causes Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER its designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rising SunMd ounty NAME (Type) DE 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 040 0 Buria1 Union Methodist Elkton R.D., Cecil Co., Md.

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME arthur S. Kraus 5M 9/60 North East, Maryland DATE MAY

. IS RESIDENCE ON A FARM?

YES NO

Yeer

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

(Stete)

min.

Deys

USA

IF UNDER 24 HRS.

Cocil Cecil .5 I ro. adraistoi .col manignidato. mailli . 1. C. B S. I. IIA : · OC. 1 no informiton to itel kreener latine. Inurition and Pears Block. 15 min. Tising and mosto( . . .

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05726

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		If institution: Residence COUNTY	ce before admiss	sion)
b. CITY OR TOWN (If outside corporate limit	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts. write RURAL and a	ive nearest town	n)
RURAL and give nearest town)						5
d. NAME OF HOSPITAL (If not in hospitol, g	Life ive street oddress)	A Rising S	un	3 3 1 N F	e. IS RES	SIDENCE
OR INSTITUTION		Wilcon	ATTO			FARM?
Wilson Ave. 3. NAME OF Fire	st Middle	Wilson	4. DATE	A4 N		
DECEASED (Type or print)		Last	OF DEATH	Month		Yeor
1 Towelice	Elizabeth			5/	1 YEAR IF UND	1962
S. SEX 6. COLOR OR RACE	The state of the s	B. DATE OF BIRTH	lost l	pirthdoy) Months	Doys Hours	Min.
Female White	WIDOWED DIVORCED	Jan. 26,18	87 75	yrs.		
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	ione 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stot	le or foreign country)	12. CITI	ZEN OF WHAT (	COUNTRY?
Pratical Nursing	Ret.	Marylan		U.	S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Samuel Yocum		Elizabe	th Stepl	nens		
15. WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT		Addres9mBr	roadway	7
No	7777 17 - 4UA /	s. Edwin H	Nickols		Chest	
18. CAUSE OF DEATH [Enter only one co-				1	INTERVAL BE	ETWEEN
PART I. DEATH WAS CAUSED BY:	() AD TIME TO A	THY?	tomas	1	ONSET AND	DEATH
15 / V DUE TO	Carconstia	10/	011.400		· · · · ·	alviv
Conditions, if ony, which ) (b)						
gove rise to immediate						
couse (o), stoting the under-					120	
, (c	DITIONS CONTRIBUTING TO BEATURE	T NOT BELLIES TO THE TERM	White Bigg age cond	TION CUENTING	- 1/- 1/20 WAS	ALITORCY
PART II. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT	I NOT KELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PAK	PERFC	DRMED
				20.1	YES _	NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	n Port I or Port II of it	em (B.)		
20c. TIME OF INJURY Month, Doy, Yee Hour o. m. 19	4-	LACE OF INJURY (Home, for		1) ((	County)	(Stote)
Hour o. m. 19	While Not while of work of work	L	110.1	1		
21. I certify that (I) (this haspital	a standad the decreed from	4/30 1	962 to 51	27. 196.	) the 10 1	( ) ( t
	100 10	and and			that (1) (	
saw the deceased alive an	and that o	death accurred at	M, fram the co	uses and an the		b. DATE
Med	Panlor	M.D. PHYS.	MED. STAF	f	5/2	SIGNED
22c. PHYSICIAN'S NAME (Type)	Tollor	22d. ADDRESS	ina S	(1)- A	12	
23. BURIAL CREMATION 231 BATE THEREO		D. CDELLITORY			1-1-	
236. BURIAL, CREMATION, 236. DATE THEREO		OK CREMATORY	23d. LOCATION (C	ity, town, or county)	(Sto	
Burial 5/25/196		L Cem.	The second secon	Hill	Mo	1
2. FUNERAL DIRECTOR STONATURE	ADDRESS ADDRESS	26.2		25b. REGISTRAR'S SIC		
comang:11:18th	Rising St	m, Md. DATE M	AY 2 4 '62	Chilms S.	Thans	

